

# CONNECTICUT ACADEMY OF NUTRITION & DIETETICS

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**eat right.** Academy of Nutrition and Dietetics

## TESTIMONY OF

The Connecticut Academy of Nutrition and Dietetics

SUBMITTED TO THE

PUBLIC HEALTH COMMITTEE

Wednesday, March 4, 2015

HB 5896, an Act Establishing A Nutrition Education Advisory Council

Good afternoon and thank you to Senator Gerratana, Representative Ritter, and the members of the Public Health Committee for the opportunity to speak on the language we would like to attach to *HB 5896 An Act Establishing a Nutrition Education Advisory Council*, which we have submitted for your consideration. I am Jessica Delvecchio, registered dietitian-nutritionist and certified dietitian-nutritionist. I also serve as the chair of the legislative committee for the Connecticut Academy of Nutrition and Dietetics. Today, I am representing the Connecticut Academy of Nutrition and Dietetics and we are seeking to change the current language in the Practice Act for Dietitian-Nutritionists (Chapter 384b of Connecticut statute). Our proposed changes reflect rule changes made by the Centers for Medicare and Medicaid Services regarding the practice of Registered Dietitian-Nutritionists (RDN) and other nutrition practitioners qualified to maintain CD-N certification that went into effect in July 2014 (42 CFR 482.28).

The Connecticut Academy of Nutrition and Dietetics is the state affiliate of the Academy of Nutrition and Dietetics, and represents the interests of registered dietitian-nutritionists in Connecticut. There are currently over 2,000 registered dietitian-nutritionists practicing in our state; working in a variety of settings. Registered Dietitian-Nutritionists otherwise referred to as RDs or RD-Ns, make up the majority of nutrition providers practicing under the CD-N certification in the state.

In 1996, Connecticut implemented certification for qualified nutrition professionals, which provides scope of practice and title protection for those individuals who meet the rigorous standards set forth in the practice act. The CD-N credential identifies an individual who meets these criteria, and maintains their certification through the Department of Public Health. Prior to the CMS rule change finalized last July, dietitians were only allowed to write verbal diet orders, which had to be approved and co-signed by a physician, nurse practitioner, or physician's assistant. The rule change by CMS acknowledges that registered dietitian-nutritionists and other qualified nutrition professionals are an important part of a patient's interdisciplinary team, and are best qualified to assess the nutritional status of patients, as well as to design and implement nutrition treatment plans. This resulted in the elimination of the need to have the dietitian-nutritionist supervised by a practitioner to place or modify therapeutic diet orders.

Because of their comprehensive training and qualifications, CD-Ns practicing in hospitals are uniquely positioned to be advocates for their patients. They help prevent malnutrition, reduce

length of stay, and ultimately lower healthcare costs. CMS states that without this change, "hospitals would not be able to effectively realize improved patient outcomes and overall cost savings that we believe would be possible with such changes."

Our Academy of Nutrition and Dietetics estimates that this rule change will save \$459 million dollars annually in healthcare costs. Although money talks, we believe that the change will also improve patient care and satisfaction, and save our medical providers time and resources that can be redirect towards direct patient care.

We are hopeful you will agree with us that our proposed modification of the current CD-N scope of practice will result in significant improvements in the care of hospitalized patients in our state, and ask for your support in attaching our revisions to HB 589 to align our state with the updated CMS rule.

Thank you for your time today.

Section 20-206m of the General Statutes is hereby amended:

- (1) "Department" means the Department of Public Health.
- (2) "Commissioner" means the Commissioner of Public Health.
- (3) "Nutrition assessment" means the evaluation of the nutrition needs of individuals and groups based upon appropriate biochemical, physical, and dietary data to determine nutrient needs and recommend appropriate nutrition intake including enteral and parental nutrition.
- (4) "Nutrition counseling" means advising and assisting individuals or groups on appropriate nutrition intake by integrating information from the nutrition assessment.
- (5) "Dietetics or nutrition practice" means the integration and application of the principles derived from the sciences of nutrition, biochemistry, food, physiology, and behavioral and social sciences to provide nutrition services that include: (A) Nutrition assessment; (B) the establishment of priorities, goals, and objectives that meet nutrition needs; (C) the provision of nutrition counseling in health and disease; (D) the development, implementation and management of nutrition care plans; and (E) the evaluation and maintenance of appropriate standards of quality in food and nutrition. The term "dietetics or nutrition practice" includes the administration of nutrition by a route other than oral administration but does not include the issuance of orders for laboratory or other diagnostic tests or orders intended to be implemented by any person licensed pursuant to chapter 378.
- (6) "Certified Dietitian-Nutritionist" means a person certified by the Commissioner pursuant to this Chapter.

Section 20-206q of the General Statutes is hereby amended:

Patient diet orders. A certified dietitian-nutritionist may order a patient diet order, including therapeutic diet orders, for a patient in an institution defined in section 19a-490. Such orders shall be documented in the patient's medical record by the certified dietitian-nutritionist. Nothing in this section shall prohibit the ability of a physician to convey a verbal order to a certified dietitian-nutritionist that shall be documented immediately in the patient's medical record and so acted upon by the institution's nurses and physician assistants with the same authority as if the order were received directly from a physician. Any order conveyed in this manner shall be countersigned by the physician within twenty-four hours unless otherwise provided by state or federal law or regulations.